



Dear Parent/Caregiver

Thank you for expressing an interest in enrolling your child at Avondale College.

Students who have valid proof of living within our school zone are entitled to enrol at the College.

Completed application forms and all supporting documents (scanned or photocopied) should be posted, delivered to our reception, or emailed to enrol@avcol.school.nz by 5 August 2021.

OPEN
EVENING
4 AUG
4-7PM

OPEN EVENING: WED 4 AUGUST 4-7PM

Come and see us in action and take the opportunity to ask questions of both students and staff.

IN ZONE
APPLY BY
5 AUG

APPLICATIONS DUE: 5 AUGUST

Supporting documents to include with this application:

- Completed Enrolment Form, Student Health Record and Data Use Agreement form
- Proof of in zone address (a power bill)
- Copy of the latest school report
- Copy of birth certificate
- Copy of immunisation certificate
- If not born in New Zealand, a copy of passport and visa or proof of residency; and proof of refugee status (if applicable)

ATTEND
INTERVIEW
11-12 AUG

ENROLMENT INTERVIEWS: 11-12 AUGUST

The child and at least one parent or caregiver must attend the enrolment interview.

Appointments can be made online via our website: www.avcol.school.nz/enrolments

Please bring with you:

- Original birth certificate
- If not born in New Zealand, a passport and visa or proof of residency
(Our office must sight the originals of these documents)

Please note that if any child is living with a guardian we will need to see evidence of guardianship. If a child is living with a caregiver, we will need evidence of residence and the Supplementary Enrolment Application Form must be completed (available from our website or reception). Māori students should also complete an Iwi Affiliation Form (available from our website or reception).

Should you have any queries about enrolling at Avondale College, please do not hesitate to contact our office for further information.

Yours faithfully

Mrs L Watkinson
Principal

Ms S Drew
Deputy Principal Enrolments



1. STUDENT DETAILS

Last Name _____ NSN number _____
Official First Name _____ Gender (tick one) Male / Female
Official Middle Name(s) _____ Country of Citizenship _____
Preferred Name _____ Country of Birth _____
Date of Birth _____ Ethnic Group *(If NZ Maori you must request and fill in the Iwi Declaration Form)*
Street Address _____
Suburb _____ First Language _____
City _____ Postcode _____ Permanent Residence in New Zealand Yes / No
Home Telephone _____ Date of Arrival in New Zealand _____
Current School _____ Refugee Status Yes / No Quota / Other
Sibling at Avondale College: Currently / Previously _____

2. PARENT/GUARDIAN 1

NB: If you are living with a Caregiver you must also request and fill in the Supplementary Enrolment Application Form.

Last Name _____ Occupation _____
First Name _____ Home Telephone _____
Title (tick one) Dr Mr Ms Mrs Miss Mobile Telephone _____
Street Address _____ Email Address _____
Suburb _____ Business Telephone _____
City _____ Postcode _____ Relationship to Student _____
Do you have an existing connection to Avondale College? Yes / No _____ *(eg former student/teacher)*

3. PARENT/GUARDIAN 2

Last Name _____ Occupation _____
First Name _____ Home Telephone _____
Title (tick one) Dr Mr Ms Mrs Miss Mobile Telephone _____
Street Address _____ Email Address _____
Suburb _____ Business Telephone _____
City _____ Postcode _____ Relationship to Student _____
Do you have an existing connection to Avondale College? Yes / No _____ *(eg former student/teacher)*

4. EMERGENCY DETAILS *(Alternative contact if parents can't be reached)*

Last Name _____ Home Telephone _____
First Name _____ Mobile Telephone _____
Relationship to Student _____ Business Telephone _____

5. COMMUNICATIONS

- Correspondence and reports to go to: Both Parents Parent 1 Only Parent 2 Only
- Access to Family Connection needed for: Both Parents Parent 1 Only Parent 2 Only
- Financial information and accounts to go to: Both Parents Parent 1 Only Parent 2 Only
- Absence notification (text) to go to (Select 1): Parent 1 or Parent 2

6. COURSES

All students study English, Mathematics, Science, Social Science, Physical Education and Health. They also study one language option, two arts options and two technology options. We ask for an extra choice in case we are unable to provide your first choices due to timetable constraints.

7. OPTIONAL SUBJECTS

LANGUAGE	ARTS	TECHNOLOGY
Choose two in order of preference from:	Choose three in order of preference from:	Choose three in order of preference from:
French Japanese Latin	Maori Samoan Spanish	Art Drama
	Music Dance	Food Technology Innovation Programme Product Development Soft Materials
1.	1.	1.
2.	2.	2.
	3.	3.

8. SPECIALIST LEARNING

Has your child ever been part of a specialist learning programme? Gifted/Talented RTLB ESOL Other

Details _____

9. DECLARATIONS AND SIGNATURES

- Has the student ever been stood down/suspended/excluded or expelled from another school? Yes No
- If the answer is yes, please provide further information: _____
- I agree to all details listed, in sections 1-3, being given to the New Zealand Qualifications Authority for examination purposes.
- I wish to make an application for my child to enrol at Avondale College. I understand the conditions in the Prospectus and agree to abide by them. In particular I/we agree that:
 - The College uniform will be worn fully and correctly
 - The behavioural expectations of the College will be upheld
 - All co-curricular fees will be paid
 - My child will play his/her sport for the College
- I consent to this information being made available as necessary for related education purposes in terms of the Privacy Act 1993.
- The family and student confirm that all of the information provided in this application is true and correct.
- The family and student confirm they have been advised that any false or misleading information that is provided may result in an offer of enrolment being withdrawn, or enrolment terminated, or the matter being referred to the Board of Trustees.

Parent/Guardian 1 Signature _____ Parent/Guardian 2 Signature _____
to be signed on arrival at Avondale College for enrolment interview *to be signed on arrival at Avondale College for enrolment interview*

Student's Signature _____ Date _____
to be signed on arrival at Avondale College for enrolment interview

10. COMPLETING THE ENROLMENT FORM

These attachments must be supplied with the enrolment form.

- Completed Student Health Record and Data Use Agreement form
- Proof of in zone address (a power bill)
- Copy of the latest school report
- Copy of birth certificate
- Copy of immunisation certificate
- If not born in New Zealand, a copy of passport and visa or proof of residency; and proof of refugee status (if applicable)

Completed application forms and all supporting documents (scanned or photocopied) should be posted, delivered to our reception, or emailed to enrol@avcol.school.nz

OFFICE USE

Enrolment Officer:	_____
Expiry Date of Work Visa/Permit:	_____
Expiry Date of Student Visa/Permit:	_____
Date of Arrival in New Zealand:	_____
Entry Date to Avondale College:	_____
Signature of Enrolment Officer:	_____
Date:	_____



Please complete as much as possible

1. STUDENT DETAILS

Last Name _____ First Name(s) _____ Gender (tick one) Male Female Date of Birth: _____ Year Level in 2022 _____

Name of Doctor _____ Medical Centre _____ Phone _____

2. MEDICAL HISTORY / HEALTH CONCERNS Please tick if your child has had any of the following medical conditions:

<input type="radio"/> ADHD / ADD	<input type="radio"/> Depression	<input type="radio"/> Heart Conditions
<input type="radio"/> Anxiety	<input type="radio"/> Diabetes	<input type="radio"/> Migraines
<input type="radio"/> Arthritis	<input type="radio"/> Epilepsy	<input type="radio"/> Rheumatic Fever
<input type="radio"/> Asthma	<input type="radio"/> Hearing Impairment	<input type="radio"/> Vision Impairment
<input type="radio"/> Concussion / Previous Head Injury	<input type="radio"/> Other (please state): _____	

- If you have ticked any of these conditions, please give us more information below (eg: Asthma - severity/frequency, medication, hospital admissions/visits and care plan).
- Are there any further issues or concerns you would like the nurse to be aware of when caring for your child? (eg. anxiety: separation, bereavement, or learning difficulties?)
- **Has your child ever been hospitalised?** Yes No
If yes, please state when this occurred and the reason for hospital admission

3. ALLERGIES FOOD / STINGS / MEDICATION. Please list allergy and note if reaction is mild, moderate or severe (anaphylactic). If severe, please attach a copy of their 'Action Plan for Anaphylaxis'

Allergies & severity: _____

Has your child been prescribed an EpiPen? Yes No (If yes, please make a time to meet with a School Nurse.)

4. IMMUNISATION / VACCINATION DETAILS

Office Use: Certificate sighted Yes No

Has your child been immunised? Yes No

If yes, are their immunisations fully up to date according to the NZ Immunisation Schedule? Yes No

Please attach a copy of your child's immunisation record. If you do not have this, please ask your doctor for a copy.

Date of first MMR (Measles, Mumps & Reubella Vaccine): _____

Date of second MMR (Measles, Mumps & Reubella Vaccine): _____

Date of last Tetanus vaccine: _____

6. IN CASE OF ILLNESS, ACCIDENT OR EMERGENCY

1. I give permission for my child to receive: **Antihistamine** Yes No **Paracetamol** Yes No **Throat lozenges** Yes No

2. If the College is unable to contact me, I give permission for my child to be taken to a medical facility or clinic if deemed necessary

3. I give permission for the College to make such arrangements as are necessary for the treatment of my child in an emergency and agree to meet any costs incurred

4. I will inform the school nurse if there is a change in my child's health care needs, of any recent hospital visits, and of any change to my child's medication

5. I will inform the school when my details change so I am able to be reached in the case of a medical emergency involving my child

6. I give permission for my child to be seen by the school physiotherapist if required

Signature: _____ Relationship to student: _____ Date: _____

to be signed on arrival at Avondale College for enrolment interview



Use of electronic facilities at the school is subject to the conditions in the Data Use Agreement. The agreement is a one year contract and will need to be re-signed on the Intranet at the start of each year.

In signing this document I agree that:

- I will only use school computers and other information technology resources to support teaching and classroom learning.
- I will not access material through the Internet which is offensive (e.g. pornographic), dangerous, inappropriate at school, or illegal.
- I will not pass on such material by copying, storing or printing.
- I will not play games on computers connected to the school network.
- I will not send any messages which are offensive, dangerous, inappropriate for school, or illegal.
- I will not allow any other person access to my Internet account.
- I will treat all IT equipment with respect.
- I will use only school software on school computers.
- I will be considerate of other users.
- I will respect copyrights.
- I will take responsibility for electronic privacy and security.
- I will not give anyone on the Internet information about myself or anyone else - this includes address, phone numbers, photograph or credit card information.
- I will not publish any digital material, written, auditory or pictorial imagery that relates to members of the school, events in school or on school activities on any network (web, cell or other) without permission of the school.

I understand how important it is to avoid disruption of the running of any computer or network.

- I will remove immediately from the screen any material that would not be allowed at the school that I accidentally come across, and tell the teacher right away.
- I will use portable storage devices only to backup work or take it to and from home.
- I will permit the school to inspect my personal storage devices to protect the integrity of the system.
- I will tell the teacher if I come across a network security threat.
- I will tell the teacher if I come across a privacy threat such as a compromised password.

Personal Laptops and Smart devices.

You are encouraged to bring along a smart device to use in lessons.

- I will not send texts or make phone calls during class-time.
- I will not use my smart device during class unless my teacher has declared a "Smart Activity" or a "Smart Lesson".
- I will only use my smart device to access educational content.
- I understand the value of my smart device and will keep it secure at all times.

I have read this Agreement and know the importance of the school rules for the use of computers and the Internet.

I know that if I break these rules, I might lose the right to use a school computer, and the school may take other disciplinary action against me, which could include my removal from any course that involves computer use.

Name (please print) _____ (Student)

Signed _____ (Student)
to be signed on arrival at Avondale College for enrolment interview

Signed _____ (Parent)
to be signed on arrival at Avondale College for enrolment interview

Date _____